

45145 W. Madison Ave. P.O. Box 610 Maricopa, AZ 85239 Ph: 520.568.9098 Fx: 520.568.9120 www.maricopa-az.gov

SUBDIVISION PLAT APPLICATION (PRELIMINARY OR FINAL)

SECTION I: PROPERTY OWNER(S)			
Name:			
Mailing Address:			
Phone: Fax:			
*If more than one owner, attach additional sheet with names, addresses and signatures as requested below.			
SECTION II: PROJECT ENGINEER/ PLANNER INFORMATION & PRIMARY CONTACT INFORMATION			
Applicant Name and Firm:			
Affiliation with Project:			
Mailing Address:			
Phone: Fax:			
Primary Contact Name and Firm:			
Affiliation with project:			
Phone: Fax:			
Email:			
SECTION III: PROPERTY			
Name of Subdivision (recording name & sales name if different):			
General Location:			
Assessor's Parcel Number:			
Legal Description (Section, Township & Range):			
Land Area (Gross & Net acreage/square feet):			



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Number of Lots:			
Percentage of gross and net acreage of Open Space:			
Net acreage of Arterial & Collector Roads:			
Type of Subdivision (Residential, Commercial, Etc.):			
Brief Description of Project:			
SECTION IV: SUBMITTAL REQUIREMENTS			
For submittal requirements, see appropriate Plat Distribution List (a pre-plat is not required for commercial sites).			
I have read the subdivision plat subn is not complete in all respects, it will Signature of Applicant			
Signature of Property Owner	Print Name	Date	
*If more than one owner, please attach additional sheet with names, addresses and signatures.			
OFFICE USE ONLY			
PAD/Zoning Case #:	SUB Case #:		
Date of Submittal:	Received by:		
Fees:	Preliminary Plat hearing date:		
Action taken:			

Updated 4-15-08